



**FAUQUIER COUNTY**  
**DEPARTMENT OF HUMAN RESOURCES**  
Fauquier County Government & Public Schools  
10 Hotel Street  
Warrenton, Virginia 20186  
(540) 347-8668 Fax: (540) 347-3610  
www.libertyhs.com



<b>PERSONNEL USE ONLY</b>	
<input type="checkbox"/> STU. TCHG.	<input type="checkbox"/> PRAXIS
<input type="checkbox"/> PLACE. FILE	<input type="checkbox"/> CERT
<input type="checkbox"/> REFERENCES	
<input type="checkbox"/> TRANSCRIPTS	
<input type="checkbox"/> ACK.	

**APPLICATION FOR  
EMPLOYMENT**

*The School Board is an Equal Opportunity Employer*

Applicant's Full Name \_\_\_\_\_  
LAST FIRST (M.I.)

Other Name(s) \_\_\_\_\_  
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Numbers:

Present: ( ) Permanent: ( ) Work: ( )

Social Security Number \_\_\_\_\_ (Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any personal and professional reference information. I, without limitation, hereby release the school division and the reference source from any liability in connection with its release or use in connection with my application for employment. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Futhermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Any applicant needing disability related accommodations should request them in advance.

**INDICATE POSITION DESIRED**

**MARK THE APPROPRIATE BOXES:**

- ☐ New Application
- ☐ Previous Application on File  
Date and name filed under  
if different from above

☐ Former Employee of the School Division

Are you a U.S. Citizen or otherwise eligible to work in the U.S.

☐ Yes ☐ No

If not, are you eligible to work in the U.S.?

☐ Yes ☐ No

\_\_\_\_ Teacher  
\_\_\_\_ Primary, NK-4  
\_\_\_\_ Elementary, 1-5  
\_\_\_\_ Middle, 6-8  
\_\_\_\_ Secondary, 9-12

Subjects (Middle and Secondary):

\_\_\_\_ Special Education

Category: \_\_\_\_\_

\_\_\_\_ Administrative/Supervisory  
\_\_\_\_ Principal  
\_\_\_\_ Assistant Principal  
\_\_\_\_ Supervisor of Instruction  
\_\_\_\_ Director of Instruction  
\_\_\_\_ Other (specify below)

\_\_\_\_ Other  
\_\_\_\_ Alternative Education  
\_\_\_\_ Guidance (Elementary)  
\_\_\_\_ Guidance (Secondary)  
\_\_\_\_ Psychologist  
\_\_\_\_ Visiting Teacher  
\_\_\_\_ Library/media  
\_\_\_\_ Other (specify below)

**I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)**

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From . . . To
High School						
College or University						

**II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)**

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates	Personnel Use

**III. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.)**

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo./Day/Yr. (From . . To)	Total years	Full Time (✓)	Part Time (✓)	Reason For Leaving
Total								

**IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary.)**

Employer	City/County	State	Kind of Work	Dates of Employment	Reason for Leaving

**V. ADMINISTRATIVE APPLICANTS (List Administrative Positions Held)**

Name of School	School Division	State	Position Held	Dates Mo./Day/Yr. (From . . To)	Total Years	Reason For Leaving

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## VI. CERTIFICATION

- A. If you have been issued a Virginia certificate, **please submit a photocopy** ..... Copy enclosed? No ☐ Yes ☐  
Type of Va. Certificate: Provisional ☐ Collegiate Professional ☐ PG Professional ☐ Pupil Personnel ☐ VIE ☐  
Year of Expiration of Virginia Certificate \_\_\_\_\_ Endorsements(s) \_\_\_\_\_

Have you applied for a Virginia certificate? No ☐ Yes ☐ When \_\_\_\_\_ Check if statement of eligibility enclosed ☐

- B. If you have been issued a certificate in another state, **please submit a photocopy** ..... Copy enclosed? No ☐ Yes ☐  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_

- C. Have you taken the Praxis (If yes, please submit a copy of your scores.)

Praxis I No ☐ Yes ☐ \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_ Math Score \_\_\_\_\_ Reading Score \_\_\_\_\_ Writing Score \_\_\_\_\_  
Specialty Area No ☐ Yes ☐ \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_ Subject \_\_\_\_\_ Score \_\_\_\_\_

## VII. GENERAL INFORMATION

Month, Day and Year available for employment \_\_\_\_\_ Are you under contract? No ☐ Yes ☐

If yes, where? \_\_\_\_\_ Present Position \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type: Annual/Probationary ☐ Other (explain) \_\_\_\_\_ Continuing/Tenure ☐

If under contract have you checked and can you be released if you are offered another position? ..... No ☐ Yes ☐

Have you ever held a continuing contract in Virginia? ..... No ☐ Yes ☐

If yes, cite school division(s) and date(s) \_\_\_\_\_

Referral Source: Advertisement/Posting ☐ Employee ☐ Friend ☐ Other (Explain) \_\_\_\_\_

Have you ever been refused tenure or a continuing contract? (If yes, explain on back.) ..... No ☐ Yes ☐

Have you ever been discharged or requested to resign from a position? (If yes, explain on back.) ..... No ☐ Yes ☐

Have you ever been convicted of any crime other than a minor traffic violation? (If yes, explain on back.) ..... No ☐ Yes ☐

Are any criminal charges or proceedings pending against you? If yes, explain on back.) ..... No ☐ Yes ☐

Have you ever had a certificate or license revoked or suspended (If yes, explain on back.) ..... No ☐ Yes ☐

Have you been convicted of any offense, or found by any court of law to have engaged in any act involving the sexual molestation, physical or sexual abuse, or rape of a minor? (If yes, explain on back.) ..... No ☐ Yes ☐

## VIII. REFERENCES AND TRANSCRIPTS

It is **the applicant's responsibility** to have the following information provided to the School Division in order to be considered for employment:

- A transcript of all college work to date **MUST** accompany this application, or be forwarded as soon as possible.
- The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.
- Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names and phone numbers below.

- D. As indicated above, ☐ a Placement File is being sent, &/or ☐ references are listed below:

Name of Reference	Position/Relationship	Organization/Address	Phone Number
1.			
2.			
3.			

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**IX. EXTRACURRICULAR ACTIVITIES**

Indicate the number of years experience in the activities listed below. Circle activities you are willing to coach/sponsor:

Extra Curricular Activities	High School Experience(yrs.)	College Experience(yrs.)	Contract Experience(yrs.)	Extra Curricular Activities	High School Experience(yrs.)	College Experience(yrs.)	Contract Experience(yrs.)
Football				IM Director			
Basketball				Athletic Director			
Baseball				Athletic Trainer			
Softball				Forensics			
Track				Debate			
Cross Country				Drama			
Wrestling				Yearbook			
Gymnastics				Newspaper			
Field Hockey				Literary Magazine			
Golf				Student Government			
Tennis				Honor Society			
Volleyball				Clubs			
Soccer				Cheerleaders			

**X. OTHER INFORMATION**

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship

Estimate your total absence from work or school for the last three years.

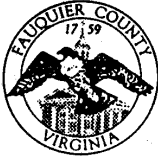
Provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest:

ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII GENERAL INFORMATION

(attach sheet if needed)

**AN EQUAL OPPORTUNITY EMPLOYER**

"The Fauquier County School Division does not discriminate on the basis of race, color, national origin, sex, age, religion, or handicap in its programs, activities, or employment practices as required by Title VI, Title IX, or Section 504."



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**DEPARTMENT OF PERSONNEL**  
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Warrenton, Virginia 20186  
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**REFERENCE FORM**

The applicant listed below is formally applying for a position in the Fauquier County Public School System. As a part of our employee selection process, we request each applicant to forward a copy of this reference form to three persons who are uniquely familiar with his/her ability, potential, and/or past performance. Your prompt attention in completing the items below and returning the form to us will be greatly appreciated. Your reply will be considered strictly confidential.

NAME OF APPLICANT (PLEASE PRINT) \_\_\_\_\_

POSITION APPLICANT IS APPLYING FOR \_\_\_\_\_

NAME OF REFERENCE \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS OF REFERENCE \_\_\_\_\_

TO APPLICANT: Many people will not complete references unless confidentiality can be assured. If you wish this reference to be confidential, please sign and date the waiver of access below. All applications and accompanying records become the property of the district and are not available to candidates.  
WAIVER OF ACCESS: I, the undersigned, waive any right of access to this reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please record in the boxes below a number from the following scale which describes your comparison of the above-named applicant with persons you have known with comparable years of experience.

1. OUTSTANDING 2. ABOVE AVERAGE 3. AVERAGE 4. BELOW AVERAGE 5. UNKNOWN

Professional attitude		Creativity	
Maturity		Ability to assess pupil needs	
Loyalty		Ability to plan instructional experiences	
Enthusiasm		Ability to implement planned instruction	
Dependability of judgment		Ability to evaluate pupil progress	
Promptness		Ability to develop learning environment	
Attendance		Ability to relate to pupils	
General cultural awareness		Ability to relate to co-workers	
Efficiency in routine matters		Ability to work independently	
Flexibility		Ability to maintain class control	

1. How long and in what capacity have you known the applicant? \_\_\_\_\_
2. What subject area(s)/grade level(s) did applicant teach? \_\_\_\_\_
3. Is this applicant open-minded and receptive to suggestions? \_\_\_\_\_
4. Would you employ or re-employ this applicant? \_\_\_\_\_
5. Has the applicant demonstrated an ability to communicate effectively with parents? \_\_\_\_\_
6. Would you prefer talking with us by telephone? \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_
7. Please include any additional comments which might aid us in the overall evaluation of this applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE

SIGNATURE OF PERSON COMPLETING FORM

TITLE

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